

1                         UNITED STATES DISTRICT COURT  
2                         FOR THE NORTHERN DISTRICT OF OHIO  
3                         EASTERN DIVISION

4                         IN RE: NATIONAL                               )  
5                         PRESCRIPTION                               ) MDL No. 2804  
6                         OPIATE LITIGATION                       )  
7                         \_\_\_\_\_  
8                         ) Case No.  
9                         ) 1:17-MD-2804  
10                        )  
11                        )  
12                        THIS DOCUMENT RELATES ) Hon. Dan A.  
13                        TO ALL CASES                               ) Polster

14

15                        THURSDAY, JANUARY 17, 2019

16

17                        HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER  
18                        CONFIDENTIALITY REVIEW

19                        - - -

20                        Videotaped deposition of Kevin  
21                        Webb, Fact Deposition, Volume I, held at the  
22                        offices of STINSON LEONARD STREET LLP, 7700  
23                        Forsyth Boulevard, Suite 1000, St. Louis,  
24                        Missouri, commencing at 2:36 p.m., on the  
25                        above date, before Carrie A. Campbell,  
                            Registered Diplomate Reporter and Certified  
                            Realtime Reporter.

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28                        - - -

29                        GOLKOW LITIGATION SERVICES  
30                        877.370.3377 ph | 917.591.5672 fax  
31                        deps@golkow.com

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APPEARANCES:	INDEX
KELLER ROHRBACK LLP BY: DEAN KAWAMOTO dkawamoto@kellerrohrback.com GARY GOTTO ggotto@kellerrohrback.com CHANEL REYES creyes@kellerrohrback.com 1201 Third Avenue, Suite 3200 Seattle, Washington 98101 (206) 623-1900 Counsel for MDL Plaintiffs	1 APPEARANCES..... 2 2 EXAMINATIONS 3 BY MR. GOTTO..... 7 4 5 EXHIBITS 6 7 8 No. Description Page 9 No exhibits proffered
BRANSTETTER STRANCH & JENNINGS, PLLC BY: JAMES G. STRANCH, III jims@bsjfirm.com SEAMUS KELLY seamusk@bsjfirm.com 223 Rosa L. Parks Avenue, Suite 200 Nashville, Tennessee 37203 (615) 254-8801 Counsel for the Tennessee Action	10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
ARMSTRONG TEASDALE, LLP BY: SARAH E. HARMON sharmon@armstrongteasdale.com 7700 Forsyth Boulevard, Suite 1800 St. Louis, Missouri 63105 (314) 621-5070 Counsel for Cardinal Health, Inc.	16 17 18 19 20 21 22 23 24 25
COVINGTON & BURLING LLP BY: RYAN ROBERTS rroberts@cov.com (VIA TELECONFERENCE) 850 Tenth Street, NW Washington, DC 20001-4956 (202) 662-6000 Counsel for McKesson Corporation	16 17 18 19 20 21 22 23 24 25
Page 3	Page 5
JACKSON KELLY PLLC BY: JAMES D. JOHNSON jdjohnson@jacksonkelly.com (VIA TELECONFERENCE) 221 NW Fifth Street Evansville, Indiana 47708 (812) 422-9444 Counsel for AmerisourceBergen	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
JONES DAY BY: LOUIS P. GABEL lpgabel@jonesday.com 150 West Jefferson Avenue, Suite 2100 Detroit, Michigan 48226-4438 (614) 469-3939 Counsel for Walmart	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
ROPES & GRAY, LLP BY: BRIEN T. O'CONNOR brien.o'connor@ropesgray.com JOSH GOLDSTEIN joshua.goldstein@ropesgray.com 800 Boylston Street Boston, Massachusetts 02199-3600 (617) 951-7000 Counsel for Mallinckrodt	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
ARNOLD & PORTER KAYE SCHOLER, LLP BY: PHILIP A. GIORDANO Philip.Giordano@arnoldporter.com (VIA TELECONFERENCE) 601 Massachusetts Avenue, NW Washington, DC 20001-3743 (202) 942-5000 Counsel for Endo Pharmaceuticals Inc., and Endo Health Solutions Inc.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
VIDEOGRAPHER: JAMES ARNDT, Golkow Litigation Services	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

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1	same firm, same plaintiffs. 14:36:44	1	Did you engage in any other 14:38:08
2	MR. GABEL: Louis Gabel from 14:36:45	2	preparation for your individual testimony, 14:38:11
3	Jones Day on behalf of Walmart. 14:36:48	3	other than the preparation you've already 14:38:12
4	MS. HARMON: Sarah Harmon with 14:36:49	4	described in the context of your 30(b)(6)? 14:38:14
5	Armstrong Teasdale on behalf of 14:36:53	5	A. No, nothing. 14:38:17
6	Cardinal Health. 14:36:54	6	Q. Okay. Have you ever given a 14:38:19
7	MR. GOLDSTEIN: Josh Goldstein, 14:36:55	7	deposition before today? 14:38:21
8	Ropes & Gray, on behalf of the 14:36:56	8	A. I have. 14:38:23
9	witness, Mallinckrodt, LLC, and SpecGx 14:36:57	9	Q. And on how many occasions? 14:38:24
10	LLC. 14:37:00	10	A. One. 14:38:27
11	MR. O'CONNOR: Brien O'Connor 14:37:01	11	Q. Okay. And what did it pertain 14:38:28
12	from Ropes & Gray on behalf of the 14:37:02	12	to? 14:38:29
13	witness, Kevin Webb, Mallinckrodt, 14:37:04	13	A. It pertained to -- well, I 14:38:29
14	LLC, and SpecGx, LLC. 14:37:06	14	don't even know the context. It was with 14:38:36
15	VIDEOGRAPHER: Will attorneys 14:37:09	15	Restoril, one of our -- one of our 14:38:38
16	present by phone please introduce 14:37:09	16	nonpromoted pharmaceutical products, on 14:38:40
17	themselves? 14:37:12	17	pricing. I don't know if it was pricing, 14:38:45
18	MR. ROBERTS: Ryan Roberts, 14:37:15	18	but -- do you remember the context of it? 14:38:47
19	Covington & Burling, on behalf of 14:37:16	19	It was -- I think it had to do 14:38:48
20	McKesson. 14:37:18	20	with a pricing issue, but this was six years 14:38:50
21	MR. JOHNSON: Jim Johnson, 14:37:18	21	ago. 14:38:51
22	Jackson Kelly, on behalf of 14:37:20	22	Q. Okay. It was a 14:38:52
23	AmericanBerg -- AmeriBergenSource 14:37:23	23	Mallinckrodt-related matter -- 14:38:53
24	{sic}. 14:37:28	24	A. It was a Mallinckrodt-related 14:38:54
25	VIDEOGRAPHER: Our court 14:37:28	25	matter, yes, sir. 14:38:56
	Page 7		Page 9
1	reporter is Carrie Campbell, and she 14:37:29	1	Q. Okay. And your -- what was the 14:38:57
2	will now swear in the witness. 14:37:31	2	nature of your knowledge as to matters that 14:38:58
3		3	were at issue in that litigation as far as 14:39:03
4	KEVIN WEBB,	4	you know? 14:39:04
5	of lawful age, having been first duly sworn	5	A. At that time, I was the product 14:39:05
6	to tell the truth, the whole truth and	6	manager, senior product manager, of the 14:39:07
7	nothing but the truth, deposes and says on	7	brand. 14:39:08
8	behalf of the Plaintiffs, as follows:	8	Q. Okay. And what was the brand? 14:39:08
9	14:37:39	9	A. Restoril. 14:39:09
10	DIRECT EXAMINATION 14:37:39	10	Q. And what type of medication is 14:39:10
11	QUESTIONS BY MR. GOTTO: 14:37:39	11	that? 14:39:11
12	Q. Good afternoon, Mr. Webb. 14:37:40	12	A. Restoril is a sleep aid, a 14:39:11
13	A. Good afternoon. 14:37:41	13	temazepam. 14:39:18
14	Q. My name is Gary Gotto, as I 14:37:42	14	Q. Okay. Okay. So apart from 14:39:18
15	just shared. I'm with the law firm Keller 14:37:44	15	that deposition, have you otherwise ever 14:39:37
16	Rohrbach representing plaintiffs in this 14:37:46	16	testified under oath? 14:39:39
17	matter. 14:37:47	17	A. No. 14:39:40
18	Thank you for taking the time 14:37:48	18	Q. Okay. Can you briefly describe 14:39:40
19	this afternoon to give us a head start on 14:37:49	19	for me your post-high school education? 14:39:45
20	your personal deposition so we can perhaps 14:37:53	20	A. Education? 14:39:47
21	get done earlier tomorrow than we otherwise 14:37:55	21	Q. Yeah. 14:39:49
22	would have been able to. 14:38:01	22	A. Let's see. Post-high school. 14:39:50
23	I know you testified earlier 14:38:01	23	I graduated from St. Louis University in 14:39:54
24	today with respect to what you did to prepare 14:38:03	24	1987, and then I graduated with a master's, 14:40:00
25	for your 30(b)(6) testimony. 14:38:04	25	an MBA, from the University of 14:40:02

Page 10	Page 12
1 Illinois-Springfield in 1990 -- 1997. 14:40:05	1 would, your employment after graduating 14:42:11
2 Q. And what was your undergraduate 14:40:10	2 college and up until the time you got your 14:42:15
3 major? 14:40:14	3 MBA. 14:42:18
4 A. It was a bachelor of science in 14:40:14	4 A. Let's see. Following college, 14:42:19
5 behavioral sciences. 14:40:16	5 I spent a few months at a financial firm. I 14:42:28
6 Q. Apart from your bachelor's 14:40:18	6 don't remember who that was. I don't 14:42:39
7 degree and your MBA, any other degrees that 14:40:23	7 remember who it was. It was -- it was a -- 14:42:40
8 you hold? 14:40:26	8 it was a -- it was a warehouse position. It 14:42:43
9 A. No. 14:40:26	9 was not even -- it was not in finances, 14:42:49
10 Q. Any other professional 14:40:27	10 believe me. 14:42:50
11 certifications? 14:40:31	11 And then from there, I took a 14:42:52
12 A. No. 14:40:31	12 job with -- and that was -- at the time was 14:42:55
13 Q. Any other licenses? 14:40:32	13 McDonnell Douglas, which is now Boeing 14:42:58
14 A. No. 14:40:33	14 aircraft, and I worked there for 14:43:02
15 Q. Have you, again, apart from 14:40:34	15 approximately three years as what we would 14:43:04
16 your coursework leading up to your bachelor's 14:40:45	16 call a business analyst. I was a project 14:43:05
17 degree and your MBA, otherwise taken any 14:40:48	17 planner/analyst working with engineers. 14:43:10
18 other non-degree-related coursework? 14:40:51	18 From there I went to a company 14:43:12
19 A. From a institution of higher 14:40:54	19 called Jordan and Associates here in 14:43:18
20 learning or just in -- for personal 14:41:00	20 St. Louis. It was a small consulting firm 14:43:20
21 advancement? 14:41:02	21 focusing on record retention. So it was a 14:43:23
22 Q. Well, let's start with 14:41:03	22 sales position. 14:43:26
23 institution of higher learning. 14:41:05	23 From there, then I went to a 14:43:28
24 A. No. 14:41:08	24 company called Option Care. Option Care is 14:43:34
25 Q. Okay. 14:41:10	25 a -- was a home infusion company. 14:43:38
Page 11	Page 13
1 A. I'm just trying to think. No. 14:41:10	1 And then from there I was -- 14:43:45
2 I mean, nothing that would have been through 14:41:12	2 took on a position as a marketing manager at 14:43:46
3 a university or college. 14:41:14	3 Memorial Hospital in Springfield, Illinois, 14:43:50
4 Q. Okay. Have you taken any -- 14:41:16	4 at which point then I started and did my MBA. 14:43:54
5 engaged in any coursework related to your 14:41:19	5 Q. Okay. And you used the term 14:43:57
6 professional activities? 14:41:23	6 "home infusion." I'm not familiar with that. 14:44:03
7 A. There would have been 14:41:23	7 What's the nature of that -- 14:44:04
8 presentations, skill classes. We -- those -- 14:41:29	8 A. Home care services. It was a 14:44:06
9 I mean, and what they were, I don't know. I 14:41:37	9 home care company that would -- it was 14:44:07
10 mean, this was years ago. 14:41:38	10 operated out of a small retail pharmacy that 14:44:10
11 Q. Okay. Did any of your 14:41:39	11 would develop medical products, compounded 14:44:14
12 undergraduate coursework relate in any way to 14:41:42	12 medical products, for home delivery, use at 14:44:19
13 pharmaceuticals? 14:41:45	13 home. Home antibiotics, extended 14:44:23
14 A. No. 14:41:46	14 antibiotics, feeding -- enteral nutrition, 14:44:26
15 Q. Okay. How about to the 14:41:46	15 feeding nutrition. 14:44:29
16 Controlled Substances Act? 14:41:50	16 So someone who's been 14:44:31
17 A. No. 14:41:50	17 discharged from a hospital but is still in 14:44:33
18 Q. And any of the work in 14:41:51	18 need of a clinical -- or a therapeutic need, 14:44:35
19 connection with your MBA relate in any way to 14:41:57	19 instead of keeping them in the hospital, they 14:44:36
20 pharmaceuticals? 14:41:59	20 would treat them at home. 14:44:39
21 A. No. 14:41:59	21 Q. Okay. Okay. And describe for 14:44:39
22 Q. Or the Controlled Substances 14:42:00	22 me, if you would, your employment after 14:44:41
23 Act? 14:42:01	23 obtaining your MBA. 14:44:44
24 A. No. 14:42:01	24 A. Following that, I went to a 14:44:45
25 Q. Okay. Describe for me, if you 14:42:01	25 company called -- what is now 14:44:49

Page 14	Page 16
1 Sanofi pharmaceut -- I went into 14:44:52	1 A. My wife's parents had taken 14:46:58
2 pharmaceuticals. That was -- so I started 14:44:55	2 ill. They're from central Illinois, and we 14:47:00
3 with a company called Sanofi -- at the time 14:44:58	3 were living on the East Coast, and she wanted 14:47:02
4 it was Pasteur Mérieux Connaught -- as a 14:45:00	4 to come home. 14:47:04
5 sales rep in the central Illinois territory, 14:45:03	5 Q. Okay. So when you joined 14:47:05
6 which would have been around the Springfield, 14:45:09	6 Mallinckrodt, what was -- what position did 14:47:07
7 Illinois, area. 14:45:11	7 you take? 14:47:08
8 From there I was promoted into 14:45:12	8 A. I came in as a senior project 14:47:08
9 a position, what we call an insider, an 14:45:15	9 manager. I was put in -- I had 14:47:15
10 in-house sales manager. These were managing 14:45:18	10 responsibility then for two products: 14:47:16
11 phone representatives, sales representatives, 14:45:22	11 Tofranil-PM, which is an antidepressant, and 14:47:23
12 who managed a bank of calls, phones -- phones 14:45:24	12 Restoril, which is temazepam, which is a 14:47:27
13 that would call into small physician offices. 14:45:28	13 sleep aid. 14:47:33
14 From there, then I was promoted 14:45:32	14 Q. And how long did you hold the 14:47:34
15 to a district or field manager where I came 14:45:34	15 senior product manager position at 14:47:38
16 back to the St. Louis area, and I had 14:45:37	16 Mallinckrodt? 14:47:40
17 responsibility for several states of field 14:45:42	17 A. Until 2009. 14:47:40
18 representatives. 14:45:45	18 Q. And during that period, to whom 14:47:42
19 And then from there I was 14:45:46	19 did you report? 14:47:46
20 promoted back to our home office as a -- into 14:45:47	20 A. A gentleman by the name of Rod 14:47:46
21 product management, so as a product -- an 14:45:51	21 Novak. 14:47:49
22 associate product manager, and then promoted 14:45:54	22 Q. And describe for me, if you 14:47:50
23 to a product manager. 14:45:56	23 would, generally, your duties as a senior 14:47:59
24 And then how far am I going? 14:46:01	24 product manager at Mallinckrodt. 14:48:04
25 I'm up -- then I'm going to be 14:46:03	25 A. The senior product manager 14:48:05
Page 15	Page 17
1 leaving the company at that point because 14:46:04	1 would be responsible for development of the 14:48:06
2 I -- from there I then went to -- I left 14:46:05	2 sales material for the sales force, 14:48:09
3 there and came to work for Mallinckrodt in 14:46:07	3 forecasting, inventory, making sure we have 14:48:16
4 2007. 14:46:10	4 enough product available, messaging around 14:48:18
5 Q. Okay. So just a couple more 14:46:10	5 what is it that we want to be saying in the 14:48:25
6 questions about your time at -- 14:46:16	6 medical community. 14:48:26
7 A. Sanofi. 14:46:19	7 Q. Okay. Were any of the products 14:48:30
8 Q. -- Sanofi. Not Sanofi? 14:46:20	8 that you had responsibility for as a senior 14:48:36
9 A. Some call it Sanofi. I always 14:46:24	9 product manager scheduled under the 14:48:38
10 called it Sanofi. 14:46:28	10 Controlled Substances Act? 14:48:41
11 Q. Okay. 14:46:29	11 A. Restoril was a C -- Restoril 14:48:43
12 A. Like the Santa Fe Trail. 14:46:29	12 was a C-IV product. Tofranil-PM is an 14:48:49
13 Q. So what were the nature of the 14:46:29	13 antidepressant. I would say it was a C-III, 14:48:55
14 products that you had responsibility for at 14:46:31	14 but I'd have to be -- I'd have to refresh my 14:48:57
15 Sanofi? 14:46:36	15 memory on that. 14:48:59
16 A. They were biologicals, 14:46:36	16 Q. Okay. In your role as senior 14:49:00
17 vaccines, pediatric vaccines. 14:46:39	17 product manager, did you have occasion to 14:49:02
18 Q. So no controlled substances 14:46:41	18 become familiar with any of the regulatory 14:49:05
19 under the Controlled Substances Act? 14:46:42	19 requirements imposed by the Controlled 14:49:08
20 A. No. 14:46:43	20 Substances Act over the products that you had 14:49:12
21 Q. So you joined Mallinckrodt in 14:46:44	21 responsibility for? 14:49:13
22 2007, I believe you indicated? 14:46:51	22 A. The -- not that I'm aware of. 14:49:14
23 A. Correct. 14:46:52	23 I mean, and I say that to the extent that 14:49:23
24 Q. And what was your reason for 14:46:53	24 the -- any of the marketing efforts that we 14:49:25
25 leaving Sanofi to join Mallinckrodt? 14:46:55	25 would have been engaged with would have been 14:49:29

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1 coordinated through our med/legal review 14:49:31	1 the generics side of the business. No. 14:51:44
2 process. 14:49:34	2 Q. How about Ginger Collier? 14:51:45
3 And so had they then shared 14:49:35	3 A. I knew who she was, but I did 14:51:47
4 with me, in the process of taking any of our 14:49:38	4 not have interaction with her, no. 14:51:49
5 material through the review process to be 14:49:39	5 Q. So fair -- am I understanding 14:51:52
6 approved for distribution, they then may have 14:49:41	6 correctly the products you had responsibility 14:52:06
7 shared with that, but I did not have 14:49:43	7 for as senior product manager were branded 14:52:08
8 anything -- any personal, firsthand training 14:49:44	8 products? Is that correct? 14:52:10
9 on the Controlled Substances Act. 14:49:47	9 A. Correct. These were detailed 14:52:11
10 Q. Okay. Did you have any 14:49:48	10 by our sales force. 14:52:14
11 responsibilities as a senior product manager 14:49:53	11 Q. Okay. And who had -- who had 14:52:15
12 that pertained to the monitoring of orders to 14:49:56	12 senior responsibility for marketing with 14:52:18
13 determine if they were suspicious under the 14:50:01	13 respect to those products? 14:52:21
14 Controlled Substances Act? 14:50:03	14 A. That would have been my boss, 14:52:21
15 A. No. 14:50:04	15 Rod Novak. 14:52:24
16 Q. Do you know if anyone had such 14:50:04	16 Q. Okay. I think you indicated 14:52:24
17 responsibility with respect to orders for 14:50:10	17 you had the senior product manager position 14:52:33
18 products that you had responsibility for as 14:50:13	18 until 2009. 14:52:37
19 senior product manager? 14:50:15	19 Did you take a new position at 14:52:37
20 A. The individual that was leading 14:50:16	20 that point? 14:52:39
21 our review process at the time -- I don't 14:50:22	21 A. I did. 14:52:39
22 know if these products fell in under that, 14:50:28	22 Q. What was that? 14:52:40
23 but it was Jason Jones who would be 14:50:31	23 A. I was promoted to product 14:52:40
24 coordinating and reviewing the release of 14:50:34	24 director. I had responsibility for a new 14:52:43
25 orders. 14:50:36	25 product of ours that we brought in, acquired, 14:52:45
Page 19	Page 21
1 Q. As senior product manager, did 14:50:37	1 called PENNSAID, which is an NSAID, a topical 14:52:48
2 you interact in any way with Jim Rausch? 14:50:46	2 NSAID. 14:52:53
3 A. No. 14:50:49	3 Q. I'm sorry, a topical -- 14:52:54
4 Q. How about Cathy Stewart? 14:50:49	4 A. It's a topical NSAID. 14:52:55
5 A. I'm trying to place -- I'm 14:50:52	5 Q. Okay. And what were your 14:52:58
6 trying to see my memory of Cathy Stewart was. 14:50:57	6 responsibilities as product director? 14:53:00
7 Can you remind me what 14:51:01	7 A. Very similar to the senior 14:53:01
8 department she was in? 14:51:02	8 product manager. You would be responsible 14:53:03
9 Q. I believe she was in customer 14:51:04	9 for all aspects of the brand: messaging, 14:53:05
10 service. 14:51:06	10 material, inventory, packaging. 14:53:09
11 A. No. And if I did, it was just 14:51:07	11 Q. And to whom did you report as 14:53:11
12 through e-mail. But I can't even draw a 14:51:10	12 product -- at product director? 14:53:14
13 recollection of who she is. 14:51:13	13 A. I still reported to Rod Novak. 14:53:15
14 Q. Fair enough. 14:51:13	14 Q. And for how long did you hold 14:53:17
15 How about Karen Harper? 14:51:14	15 the product director position? 14:53:28
16 A. Karen Harper. What department? 14:51:17	16 A. Approximately mid-2013. 14:53:29
17 Q. I believe compliance. 14:51:19	17 Q. As product director, did you 14:53:31
18 A. Oh, yes. Yes, I would -- well, 14:51:21	18 have occasion to become familiar with any of 14:53:39
19 no, I know Karen, yes, but she is involved 14:51:26	19 the regulatory requirements imposed by the 14:53:41
20 with our opioid DEA compliance. I would not 14:51:29	20 Controlled Substances Act over any product 14:53:43
21 have dealt with her at that time. 14:51:32	21 for which you had responsibility? 14:53:45
22 Q. Okay. How about Kate 14:51:33	22 A. No, it was not a controlled 14:53:47
23 Muhlenkamp? Or you may have known her by the 14:51:39	23 substance. 14:53:50
24 name Kate Neely. 14:51:41	24 Q. Okay. And am I understanding 14:53:50
25 A. Yeah, she was the -- she was on 14:51:43	25 your testimony that your job responsibilities 14:53:55

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1 as product director were very similar to what 14:53:58	1 ways to address appropriate, safe use, 14:56:36
2 those responsibilities had been as senior 14:54:03	2 balanced pain management. My focus at that 14:56:40
3 product manager? Is that fair? 14:54:05	3 time is looking at how to advance multimodal 14:56:43
4 A. It's very similar. I mean, 14:54:06	4 analgesia, minimize use of opioids, patient 14:56:50
5 when I was senior product director, senior 14:54:08	5 safety, appropriate safe use of opioids and 14:56:53
6 product manager, I was an in of one, so 14:54:12	6 disposal of opioids. 14:56:58
7 titles didn't mean -- you're doing the job, 14:54:15	7 Q. And I think you indicated that 14:56:59
8 and so it was -- we were very thin-staffed. 14:54:17	8 when you took the position, the advocacy 14:57:05
9 Q. Okay. So mid-2013, you took a 14:54:23	9 position, you were starting up that function 14:57:07
10 new position? 14:54:26	10 at Mallinckrodt. 14:57:11
11 A. Correct. 14:54:27	11 So was -- did that position not 14:57:11
12 Q. And what was that? 14:54:28	12 exist before you took it? 14:57:15
13 A. I was -- I took on 14:54:28	13 A. Not -- not -- not in a -- in an 14:57:16
14 responsibility for what -- leading up or 14:54:31	14 official capacity. The -- any type of 14:57:20
15 starting our advocacy department. 14:54:34	15 engagement that the company may have had at 14:57:23
16 So at that point I moved out 14:54:39	16 that time prior to that was with third-party 14:57:25
17 from under our commercial team, and my 14:54:41	17 organizations. Would have been 14:57:30
18 responsibility then was moved into -- head 14:54:44	18 compartmentalized through either medical 14:57:32
19 count was moved into our government affairs, 14:54:47	19 affairs, communications. But it was not a 14:57:34
20 public policy, communications department. 14:54:50	20 structured process, meaning that it wasn't a 14:57:41
21 Q. And for -- and I'm sorry, what 14:54:52	21 defined responsibility. 14:57:46
22 was your title when you moved to the new 14:55:02	22 Q. Okay. And if I understood your 14:57:46
23 position? 14:55:04	23 testimony a few moments ago, the creation of 14:57:56
24 A. Director of advocacy. 14:55:05	24 the position wasn't somehow related to the 14:58:00
25 Q. And for how long did you hold 14:55:07	25 Covidien/Mallinckrodt transaction that was 14:58:03
Page 23	Page 25
1 that position? 14:55:12	1 going on at the time. 14:58:06
2 A. Let's see. It's 2019. Until 14:55:13	2 Did I understand you correctly? 14:58:07
3 end of 2016? End of 2016. 14:55:22	3 A. Mallinckrodt was spinning out 14:58:09
4 Q. Okay. As director of advocacy, 14:55:28	4 from under Covidien at the time, and we were 14:58:10
5 to whom did you report? 14:55:34	5 going to be a, as we are now, a separate -- 14:58:13
6 A. At that time my manager was 14:55:36	6 an independent company. So it was a new 14:58:16
7 Derek Naten within government affairs. 14:55:39	7 company to the extent of relationships. And 14:58:19
8 Q. Okay. And did you report to 14:55:42	8 we had been known as an identity of Covidien, 14:58:22
9 him during the entire time you were director 14:55:48	9 so we had to reestablish the Mallinckrodt 14:58:25
10 of advocacy? 14:55:51	10 brand. 14:58:27
11 A. Yes. 14:55:51	11 Q. Okay. So the types of 14:58:28
12 Q. Okay. What was your reason for 14:55:53	12 responsibilities you were to have as the 14:58:34
13 moving from the product director to director 14:55:54	13 director of advocacy at Mallinckrodt, had 14:58:36
14 of advocacy position? 14:55:56	14 there been someone who had similar 14:58:39
15 A. I was asked to do so by the 14:55:58	15 responsibilities at Covidien? 14:58:42
16 company. We -- at that time Mallinckrodt was 14:56:02	16 A. Within the Covidien parent 14:58:43
17 in the process of spinning out from under 14:56:04	17 company, I don't know. I mean, they -- we 14:58:47
18 Covidien. We wanted to -- we needed an 14:56:06	18 didn't interact with them. I mean, within -- 14:58:51
19 organization -- we needed an individual to -- 14:56:11	19 Mallinckrodt, as the pharmaceutical division 14:58:53
20 from a patient -- or a public engagement, so 14:56:13	20 of Covidien, as I mentioned, those would have 14:58:55
21 they asked if I would lead that effort 14:56:20	21 been handled through medical affairs, 14:58:58
22 with -- as representative of Mallinckrodt 14:56:25	22 Mallinckrodt medical affairs. 14:59:01
23 with associations and organizations. 14:56:28	23 Q. Okay. So you said you were 14:59:03
24 And the advocacy department was 14:56:33	24 asked to take the position. 14:59:08
25 charged then with advancing and looking for 14:56:34	25 Who -- by whom were you asked? 14:59:09

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1	A. The leadership -- senior	14:59:12	1 team and just contributing where I can. But	15:01:28
2	leadership of the company.	14:59:14	2 I didn't have any direct responsibility of --	15:01:32
3	Q. And who -- by name, who was	14:59:15	3 charged with any direct responsibility for	15:01:35
4	that?	14:59:17	4 the brand.	15:01:37
5	A. Specifically that was Terry	14:59:17	5 Q. Okay. So there's -- and is	15:01:38
6	Terifay, and he was the vice president of	14:59:20	6 this in the mid-2013 time frame?	15:01:41
7	marketing.	14:59:24	7 A. Yeah, that was all in that	15:01:44
8	Q. Were you given a formal job	14:59:26	8 transitional period. It was very fluid.	15:01:46
9	description?	14:59:31	9 Q. Okay. So prior to mid-2013,	15:01:49
10	A. No.	14:59:31	10 though, and this transitional period that	15:01:50
11	Q. At least not a written --	14:59:36	11 you're describing, you hadn't had any	15:01:53
12	A. Yeah, there was no -- just it	14:59:38	12 responsibilities with respect to any aspect	15:01:55
13	was do the good work you're doing here, do it	14:59:42	13 of Mallinckrodt's opioid, whether branded or	15:01:56
14	out there.	14:59:44	14 generic, business, correct?	15:01:58
15	Q. Okay. Were you provided with a	14:59:45	15 A. Correct.	15:01:59
16	staff to assist you?	14:59:51	16 Q. Okay. So is it fair to say	15:02:00
17	A. No.	14:59:52	17 that part of the transition into taking the	15:02:03
18	Q. Were you provided with any	14:59:53	18 director of advocacy position was to	15:02:07
19	specific objectives or goals?	15:00:02	19 familiarize yourself with Mallinckrodt's both	15:02:11
20	A. Not to the extent of -- it was	15:00:05	20 branded and generic opioid business?	15:02:15
21	an -- it was very uncharted territory,	15:00:13	21 A. Not with the generics. I mean,	15:02:18
22	meaning that we -- it was more -- the primary	15:00:18	22 at that point it wasn't any specific brand.	15:02:20
23	objective was establish Mallinckrodt as a	15:00:20	23 It wasn't a branded or a generic. It was	15:02:23
24	presence, so -- as an entity in the medical	15:00:23	24 advancing Mallinckrodt's initiatives to	15:02:25
25	community with patient groups so people knew	15:00:27	25 dispose of unused opioids, regardless whether	15:02:28
	Page 27		Page 29	
1	who Mallinckrodt was.	15:00:30	1 they were branded or generic.	15:02:31
2	So a lot of it was just meet	15:00:31	2 Q. Okay. So as -- at least	15:02:32
3	and greet. This is who we are. We're	15:00:32	3 initially when you became director of	15:02:34
4	working on preventing opioid issues,	15:00:35	4 advocacy, were your -- were your	15:02:35
5	diversion, get rid of unused opioids type of	15:00:38	5 responsibilities focused on the opioid	15:02:39
6	things.	15:00:41	6 disposal issue?	15:02:43
7	Q. Okay. So prior to taking the	15:00:42	7 A. Correct, yes.	15:02:45
8	director of advocacy position, if I	15:00:43	8 Q. Okay. And so you weren't	15:02:46
9	understood your testimony earlier correctly,	15:00:46	9 otherwise involved in advocacy related to	15:02:47
10	you didn't have any responsibility for any of	15:00:50	10 other products that Mallinckrodt offered; is	15:02:52
11	Mallinckrodt's opioid business; is that	15:00:52	11 that fair?	15:02:55
12	correct?	15:00:54	12 A. They -- we had a product	15:02:55
13	A. No. I mean, I did have	15:00:54	13 called -- let's see. We were part of that	15:02:59
14	responsibility -- or during that	15:00:57	14 advocacy initiative that was for multimodal	15:03:01
15	transitionary period from PENNSAID to the	15:01:00	15 analgesia, which was again expanding -- we	15:03:04
16	advocacy, before advocacy that has -- that --	15:01:01	16 made -- manufacture a full complement of	15:03:08
17	before that was established within -- as a	15:01:04	17 analgesics. So we were trying to -- we were	15:03:12
18	department within the company, I worked for	15:01:06	18 looking at MMA as a way to help educate the	15:03:17
19	about two, three months on the Xartemis	15:01:09	19 community, whether it being patients,	15:03:24
20	product, but that was as a placeholder only.	15:01:14	20 groups -- not patients, but patient groups	15:03:26
21	Q. And what do you mean when you	15:01:16	21 and/or providers regarding multimodal	15:03:28
22	say it was "a placeholder only"?	15:01:18	22 approach to pain that doesn't rely strictly	15:03:32
23	A. It was -- I was reporting in	15:01:19	23 or specifically on prescribing a opioid.	15:03:35
24	to -- continued to report in to Rod Novak,	15:01:21	24 Q. Okay. Prior to the mid-2013	15:03:39
25	but it was just being part of that project	15:01:24	25 time period, if I understood your earlier	15:03:49

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1 testimony correctly, you didn't have any 15:03:53	1 get interest in. And so what we were trying 15:06:17
2 responsibilities at Mallinckrodt for any 15:03:56	2 to do is figure out, you know, how do we 15:06:20
3 analgesic products, correct? 15:03:59	3 create awareness regarding MMA, regardless of 15:06:23
4 A. Correct. 15:04:00	4 the product's pharmacological treatment, but 15:06:27
5 Q. Okay. Did you have, prior to 15:04:01	5 then also the whole notion of a balanced 15:06:29
6 mid-2013, familiarity with the -- what you 15:04:07	6 approach to pain, which could be beyond just 15:06:31
7 described as the MMA concept and 15:04:11	7 pharmacological treatment. It could be other 15:06:33
8 Mallinckrodt's promotion of that concept? 15:04:16	8 types of therapies such as massage therapy or 15:06:35
9 A. I was familiar with the -- yes, 15:04:18	9 chiropractic medicine. 15:06:38
10 the medications for that, but in my capacity 15:04:20	10 So the whole notion of a 15:06:39
11 with advocacy, since I was not in a 15:04:22	11 holistic approach to medicine and managing 15:06:40
12 commercial realm, I was in policy, government 15:04:26	12 pain was what we were trying to advance. 15:06:43
13 affairs, we weren't advocating any particular 15:04:28	13 Q. Okay. And so was there a 15:06:45
14 product, but the notion and the therapeutic 15:04:31	14 difference then between the holistic concept 15:06:47
15 value proposition of MMA. 15:04:35	15 that you just described and the MMA concept? 15:06:50
16 Q. Okay. I'm just trying to 15:04:37	16 A. There would be. They would be 15:06:52
17 understand how you came to develop sufficient 15:04:38	17 part and parcel of the same, though. The 15:06:54
18 familiarity with the MMA concept and 15:04:41	18 holistic approach to medicine -- to pain was 15:06:58
19 Mallinckrodt's related products to 15:04:45	19 more than just -- was treatment beyond just 15:07:00
20 effectively perform your advocacy position. 15:04:47	20 pharmacological treatment, pharmaceuticals. 15:07:02
21 So that's really what I'm 15:04:51	21 That was -- that's a balanced approach. 15:07:06
22 trying to get at here, is just how you came 15:04:52	22 Multimodal analgesia is just that; it's a 15:07:07
23 to an understanding of what -- what 15:04:54	23 combination of different analgesics. 15:07:10
24 Mallinckrodt's position was and what you were 15:04:57	24 Q. Okay. And do you know when 15:07:13
25 trying to advocate for. 15:04:59	25 Mallinckrodt first began to develop the -- or 15:07:17
Page 31	Page 33
1 A. Yeah, we would -- my role would 15:05:00	1 to promote the concept of MMA? 15:07:22
2 work closely with the product teams, medical 15:05:03	2 A. It was right around that time 15:07:26
3 affairs, so I was integrated into the aspects 15:05:06	3 of 2013 when I came into advocacy, as well 15:07:28
4 of the business that would have clinical 15:05:09	4 2012. 15:07:33
5 content, clinical knowledge, then also brand 15:05:11	5 Q. Okay. So prior to you becoming 15:07:33
6 awareness. 15:05:15	6 involved in the advocacy function, who at 15:07:37
7 Q. Okay. So which products were 15:05:16	7 Mallinckrodt was, if you know, was involved 15:07:39
8 of particular interest to you in terms of the 15:05:24	8 in promoting the MMA concept? 15:07:46
9 advocacy role and the MMA initiative? 15:05:27	9 A. That would have been coming out 15:07:49
10 A. Well, the notion of MMA is to 15:05:31	10 of our clinical team and our commercial team 15:07:50
11 reduce, significantly reduce, the amount of 15:05:35	11 that was driving that, with the health care 15:07:53
12 opioids that you're using, but then also have 15:05:38	12 providers at the time within hospitals. 15:07:56
13 adjunctive therapy or add-on therapy that was 15:05:41	13 Q. And do you know what the 15:07:59
14 either an ibuprofen or an NSAID or, in some 15:05:44	14 impetus was at Mallinckrodt for developing 15:08:00
15 cases if it's -- if it's a pharmacological 15:05:49	15 that MMA initiative? 15:08:04
16 treatment. 15:05:54	16 A. Well, I do not know. 15:08:06
17 So we made those products, so 15:05:54	17 Q. Okay. 15:08:12
18 it wasn't to say that we had any particular 15:05:56	18 A. Excuse me. 15:08:12
19 product. 15:05:59	19 Q. You understood, though, when 15:08:13
20 We recognize that MMA, 15:05:59	20 you moved into the advocacy position that one 15:08:18
21 particularly within hospitals, if you need to 15:06:01	21 of your objectives would be to foster the 15:08:22
22 start a patient on an opioid, let's see how 15:06:05	22 development of the MMA initiative, correct? 15:08:24
23 we can continue to advance MMA as -- it was a 15:06:09	23 A. For awareness of, yes. 15:08:27
24 beginning -- it was a beginning -- an area 15:06:13	24 Q. What -- 15:08:30
25 that the medical community was starting to 15:06:14	25 A. Awareness with the health care 15:08:30

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1 providers, surgeon -- or there are physicians 15:08:32 2 that -- that were -- may not have been 15:08:36 3 familiar with the concept, so we would work 15:08:41 4 through -- with medical affairs to create 15:08:43 5 awareness of what MMA is. 15:08:45  6 Q. Okay. And the MMA concept as 15:08:47 7 it existed when you moved into the advocacy 15:08:52 8 position, to the extent it's multimodal 15:08:55 9 analgesics, did Mallinckrodt manufacture all 15:09:01 10 of the different analgesic products that 15:09:04 11 would go into this multimodal approach? 15:09:06  12 A. We were manufacturer of the 15:09:10 13 products, but there were -- it could be any 15:09:11 14 product that was -- that we -- that were -- 15:09:13 15 that was conceptually part of an MMA. So 15:09:15 16 that's why we didn't advocate any particular 15:09:17 17 product, because there are manufacturers out 15:09:20 18 there of MMA products that we did not 15:09:22 19 manufacture. 15:09:24  20 But we believed in the concept 15:09:25 21 of MMA, and that's what we were trying to 15:09:26 22 advance. 15:09:28  23 Q. Was there -- were there medical 15:09:28 24 or scientific studies that -- that had been 15:09:34 25 performed that -- that were the underpinnings 15:09:38	1 surgery on some type of analgesic, which then 15:10:54 2 led to less adverse events, shorter hospital 15:10:57 3 stays, more rapid recovery at home. 15:11:01 4 Q. Okay. And what were the -- can 15:11:05 5 you describe generally for me the steps that 15:11:17 6 you took in your advocacy role to try to 15:11:21 7 promote this MMA initiative? 15:11:25  8 A. Well, there were several -- 15:11:27 9 just trying to understand how -- how would 15:11:32 10 you communicate that out, I mean, 15:11:34 11 understand -- you know, what is it that we 15:11:37 12 want to say, "we" meaning what does the 15:11:39 13 science support. How would you support -- 15:11:44 14 how would you communicate that out. How do 15:11:45 15 you create awareness regarding MMA. 15:11:47  16 So we would look to partner 15:11:49 17 with professional organizations. There's a 15:11:51 18 group called ERISA, E-R-I-S-A. I forget what 15:11:55 19 the acronym -- but it was anesthesiologists, 15:12:05 20 and understand -- you know, helping them 15:12:09 21 understand that, you know, during the pre -- 15:12:11 22 pre and postop pain about the concept of MMA. 15:12:13  23 We would partner with hospital 15:12:16 24 associations, hospitals, and those who were 15:12:19 25 doing MMA and were generating -- had positive 15:12:21
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1 of the MMA initiative at the time you moved 15:09:41 2 into this position? 15:09:44  3 A. There were. 15:09:44  4 Q. And can you describe for me 15:09:45 5 generally what the -- what the general 15:09:49 6 description of this multimodal approach would 15:09:55 7 be? 15:09:57  8 A. The general concept, again, 15:09:57 9 we're focusing the effort within hospitals, 15:10:01 10 surgical procedures. So if you -- when 15:10:05 11 patients who undergo a surgical procedure, if 15:10:11 12 you start them on an opioid at the beginning 15:10:14 13 of the surgery and you then continue them on 15:10:16 14 an opioid following surgery, data suggests 15:10:19 15 that those patients who are in the hospital 15:10:24 16 tend to have a greater experience of adverse 15:10:25 17 events or episodes within the hospital that 15:10:29 18 potentially could lead to an adverse event 15:10:32 19 such as a fall or drowsiness. 15:10:34  20 The journal -- clinical 15:10:37 21 journals and studies at the time were showing 15:10:40 22 that if you can introduce a multimodal 15:10:41 23 approach to pain, pre and postop, that you 15:10:44 24 can minimize then the amount of time you 15:10:50 25 would have to keep a patient following 15:10:51	1 results. How could we replicate that. How 15:12:26 2 could we bring that knowledge to other 15:12:28 3 hospitals. How could we create awareness 15:12:31 4 that -- with providers that there are 15:12:37 5 potentially several ways of managing pain 15:12:43 6 that didn't have to require an opioid. 15:12:45  7 Q. And you also described this 15:12:47 8 wholistic or balanced approach to pain 15:12:54 9 management. 15:12:57  10 A. Uh-huh. 15:12:57  11 Q. Did you also understand that to 15:12:58 12 be part of your responsibility in the 15:13:00 13 advocacy role, to advocate for that sort of 15:13:02 14 approach to pain management? 15:13:05  15 A. That was the impetus behind the 15:13:06 16 Alliance for Pain Management, recognizing 15:13:09 17 that not every patient needed a 15:13:12 18 pharmacological treatment, and so how -- how 15:13:14 19 could patients who needed -- and/or the 15:13:17 20 patient would want to have a treatment beyond 15:13:21 21 an opioid, have access to it. What were the 15:13:23 22 barriers to treatment, insurance companies, 15:13:28 23 others. 15:13:31  24 Q. And had anyone at 15:13:32 25 Mallinckrodt -- well, when did Mallinckrodt's 15:13:36

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1 efforts in advancing the wholistic or 2 balanced approach begin? 15:13:41	1 enforcement. We make a GPS tracking system 15:15:37 2 available to retail pharmacies if there's a 15:15:40 3 concern or risk of theft, burglary in the 15:15:43 4 pharmacy. 15:15:48
3 A. That 2012 time frame. 15:13:46	5 And so Mallinckrodt, as part of 15:15:48
4 Q. Okay. And so prior to your 15:13:50	6 our broader platform, which I was leading, 15:15:49
5 taking the advocacy position, who at 15:13:52	7 is, like, what are all the things we can do 15:15:52
6 Mallinckrodt was involved in advancing the 15:13:55	8 to be good stewards in patient safety, 15:15:54
7 wholistic or balanced approach to pain 15:13:57	9 community safety, advancing alternatives to 15:15:59
8 management? 15:14:00	10 opioids. 15:16:01
9 A. That would have been our 15:14:00	11 Q. So you kind of identified three 15:16:01
10 medical affairs team. 15:14:01	12 broad areas of interest: patients safety, 15:16:15
11 Q. And who individually would have 15:14:02	13 community safety and advancing alternatives 15:16:19
12 been involved in that? 15:14:04	14 to opioids. 15:16:21
13 A. One of the individuals 15:14:05	15 Were there any other similar 15:16:22
14 mentioned earlier, John -- John Decker. 15:14:06	16 sort of broad areas of advocacy that you were 15:16:25
15 Q. Okay. And so when you took the 15:14:11	17 pursuing when you -- when you first took the 15:16:28
16 advocacy position, did you understand one of 15:14:13	18 advocacy directorship? 15:16:32
17 your objectives or goals to be to -- to 15:14:15	19 A. That was enough. 15:16:34
18 advance the wholistic or balanced approach to 15:14:20	20 Q. Okay. Okay. So focusing -- 15:16:37
19 pain management? 15:14:26	21 just trying to understand what the steps you 15:16:40
20 A. Yes. 15:14:27	22 then took to try to pursue each of those, in 15:16:43
21 Q. And I think you indicated the 15:14:27	23 terms of alternatives to opioids, you've 15:16:47
22 Alliance was one of the steps to take in that 15:14:28	24 already testified about the MMA initiative. 15:16:50
23 regard? 15:14:32	25 You testified about the balanced pain 15:16:53
24 A. Uh-huh, correct. 15:14:33	
25 Q. Were there other steps that you 15:14:33	
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1 took in that regard? 15:14:35	1 management initiative. 15:16:55
2 A. That's around the same time we 15:14:36	2 A. Uh-huh. 15:16:56
3 started our medication disposal pouch 15:14:38	3 Q. Were there other steps you took 15:16:57
4 initiative as well in order to work with 15:14:40	4 in pursuit of the promoting alternatives to 15:16:59
5 community groups to rid homes of unused 15:14:43	5 opioid dimension of your -- of your advocacy? 15:17:03
6 opioids, to keep them from being diverted out 15:14:46	6 A. Promoting opioids or promoting 15:17:05
7 of their home medicine cabinet. 15:14:48	7 MMA? I'm sorry, promoting -- 15:17:09
8 Q. Okay. And I certainly 15:14:50	8 Q. I thought you -- I thought one 15:17:11
9 understand that -- that program as a 15:14:52	9 of the areas was promoting alternatives to 15:17:12
10 diversion interdiction program. 15:14:54	10 opioids. 15:17:13
11 Did you also view that as part 15:14:58	11 A. That would be the MMA. I'm 15:17:14
12 of the balanced or wholistic pain management 15:14:59	12 sorry. 15:17:14
13 initiative? 15:15:03	13 Q. Right. 15:17:14
14 A. No. No, we did not. But it 15:15:03	14 A. That would be the -- the MMA 15:17:15
15 was part and parcel to the broader advocacy 15:15:05	15 platform, no, it was -- it was working -- 15:17:20
16 platform of Mallinckrodt's corporate -- of 15:15:08	16 that would have been it, I mean, just trying 15:17:23
17 our corporate social responsibility 15:15:11	17 to understand how do we advance conceptually 15:17:24
18 stewardship program. 15:15:14	18 MMA. 15:17:26
19 So I was charged with, you 15:15:15	19 Q. Okay. 15:17:27
20 know, how do you -- how do we continue to 15:15:17	20 A. I mean, it's -- that may sound 15:17:27
21 advance that, our corporate social 15:15:19	21 simplistic on its surface. It was very 15:17:30
22 responsibility. That includes MMA, safe 15:15:22	22 difficult for physicians who were used to 15:17:32
23 disposal, collaboration, working with law 15:15:25	23 treating, managing surgery pre and postop one 15:17:36
24 enforcement to -- for example, we make -- we 15:15:29	24 way and getting them to introduce a new 15:17:41
25 make placebo products available for law 15:15:35	25 concept. It's not an easy task. 15:17:43

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1       Q. Okay. And the balanced pain -- 15:17:47 2       balanced pain management -- 15:17:50 3       A. Uh-huh. 15:17:52 4       Q. -- approach, that was also part 15:17:52 5       of the promotion of alternatives to opioids 15:17:54 6       or not? 15:17:57 7       A. It was -- it was part of it. 15:17:57 8       It was broader than just alternatives to 15:17:59 9       opioids, though. It was broad -- it was -- 15:18:01 10      the only part we had with opioids in the 15:18:04 11      Alliance for Balanced Pain Management was 15:18:06 12      when an opioid needed to be disposed of, when 15:18:10 13      it was no longer needed, how is {sic} we, as 15:18:13 14      a community, working together to help get 15:18:15 15      word out that we need to dispose of unused 15:18:18 16      opioids to prevent them from being diverted 15:18:21 17      into the community. 15:18:23 18      Q. Okay. So the disposal of 15:18:24 19      unused opioids was part of Mallinckrodt's 15:18:33 20      focus as part of the Alliance for Balanced 15:18:37 21      Pain Management, correct? 15:18:40 22      A. It was -- it was part of that, 15:18:41 23      yeah. And so we were -- we would -- for 15:18:44 24      example, many of those groups were the groups 15:18:46 25      that we would partner with to help 15:18:48	1       supportive of it. 15:19:52 2       Q. Okay. And what was your 15:19:53 3       rationale as you -- when you came up with the 15:19:54 4       idea and raised it with others at 15:19:57 5       Mallinckrodt? 15:20:00 6       A. The rationale behind that is 15:20:00 7       the understanding that in order to 15:20:02 8       effectively address the opioid epidemic, it 15:20:06 9       requires all participants. This is an issue 15:20:10 10      that a manufacturer or any one entity cannot 15:20:14 11      address on their own. So it requires a 15:20:17 12      collective effort that all of us need to be 15:20:19 13      involved, whether it be physicians, 15:20:22 14      pharmacists, manufacturers, patient groups, 15:20:24 15      all have a responsibility to align and 15:20:27 16      advance in the interest of public safety the 15:20:31 17      importance of disposing of unused 15:20:35 18      medications. 15:20:38 19      Q. Okay. And once you got support 15:20:38 20      at Mallinckrodt for that idea, how did you 15:20:47 21      then go about enlisting others to become 15:20:49 22      involved in the Alliance? 15:20:52 23      A. We would reach out to groups 15:20:53 24      who we felt had a vested interest in this. 15:20:55 25      May not necessarily have been their mission 15:20:59
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1       communicate out the importance of disposal. 15:18:51 2       Q. Okay. In terms of the Alliance 15:18:53 3       for Balanced Pain Management, did 15:18:55 4       Mallinckrodt play any other roles as part of 15:18:56 5       that organization or group? 15:18:59 6       A. Well, as I shared, we started 15:19:01 7       the group, and as a member we -- I was one of 15:19:04 8       a member of the steering committee. So we -- 15:19:08 9       that program was managed under the 15:19:13 10      Mallinckrodt -- auspices of Mallinckrodt, and 15:19:15 11      then for about 18 months to two years before 15:19:18 12      we turned it over to another third-party 15:19:21 13      group, 501(c), to manage. 15:19:23 14      Q. Okay. And whose idea was it to 15:19:26 15      start the Alliance? 15:19:28 16      A. That was mine. 15:19:31 17      Q. Okay. And did you discuss it 15:19:32 18      at anyone {sic} with Mallinckrodt before 15:19:34 19      trying to enlist other organizations to 15:19:36 20      become part of it? 15:19:40 21      A. Yes, I did. 15:19:40 22      Q. Who did you discuss it with? 15:19:41 23      A. It would have been discussed 15:19:42 24      with senior leadership, legal, medical, my 15:19:44 25      chain of command. So the organization was 15:19:48	1       but yet may have a constituent that would be 15:21:01 2       affected by unused opioids, having them 15:21:05 3       around. Or patient groups or groups that 15:21:06 4       were heavily interested in community safety 15:21:10 5       partnership. 15:21:15 6       And so we would look at and 15:21:16 7       say, you know, who has similar missions, 15:21:17 8       similar interests in this area, and we'd 15:21:19 9       reach out to them. We would share the vision 15:21:21 10      of it. And we were transparent and say, this 15:21:25 11      is what it is, this is what it's not, and 15:21:28 12      it's a voluntary position. Do you want to be 15:21:31 13      part of it, and they would say yes or no. 15:21:34 14      Q. Okay. Prior to the Alliance, 15:21:36 15      had Mallinckrodt engaged in any other 15:21:43 16      initiatives to address the need for disposal 15:21:46 17      of unused opioids? 15:21:51 18      A. We were working with what we 15:21:52 19      called NADDI, the National Association of 15:21:58 20      Drug Diversion Investigators, where we would 15:22:03 21      purchase and donate to NADDI drug 15:22:06 22      disposal boxes, these are at a drug kiosk, 15:22:08 23      that patients then could take to their local 15:22:10 24      police station. 15:22:12 25      And so we would donate -- we 15:22:13

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1 would provide them to NADDI. NADDI then 15:22:14	1 And it had a measurement on the back end of 15:24:38
2 would work with local law enforcement through 15:22:15	2 it to see if it actually -- where it was 15:24:40
3 a grant process that the -- the local law 15:22:18	3 effective. 15:24:42
4 enforcement would request one of these drug 15:22:23	4 Q. And who at Mallinckrodt was 15:24:42
5 disposal bins, and NADDI then would make it 15:22:25	5 involved in that program? 15:24:43
6 available as they were. 15:22:28	6 A. That was -- that was through 15:24:44
7 Q. And so what sort of 15:22:30	7 our medical affairs department. 15:24:47
8 organization was NADDI? 15:22:31	8 Q. I want to focus just for 15:24:49
9 A. NADDI is a third-party 15:22:33	9 another moment on this concept of disposal of 15:24:54
10 organization. Its membership's comprised of 15:22:35	10 unused opioids, because I asked you about it 15:24:59
11 law enforcement, sheriffs, county, law 15:22:40	11 a moment ago, and I think a number of things 15:25:00
12 enforcement. 15:22:46	12 you answered, at least to me, as I understood 15:25:02
13 Q. And so Mallinckrodt would make 15:22:46	13 them, dealt with diversion interdiction as 15:25:06
14 boxes available to NADDI for NADDI to then 15:22:47	14 compared to disposal of unused opioids. 15:25:10
15 make available -- 15:22:50	15 For example, the suspicious 15:25:12
16 A. To a local police station or 15:22:52	16 order monitoring program, I mean, that didn't 15:25:14
17 sheriff's office. 15:22:53	17 really deal directly with disposal of unused 15:25:19
18 Q. Okay. And do you know when 15:22:54	18 opioids, correct? 15:25:23
19 Mallinckrodt first began making the boxes 15:22:59	19 A. Same thing. 15:25:24
20 available to NADDI? 15:23:02	20 MR. O'CONNOR: Can you repeat 15:25:26
21 A. I want to -- it was before 15:23:03	21 that, please? 15:25:28
22 advocacy started, and I want to say that that 15:23:06	22 QUESTIONS BY MR. GOTTO: 15:25:28
23 program started around 2010. 15:23:09	23 Q. Sure. 15:25:29
24 Q. Okay. Apart from that program 15:23:11	24 My question -- the suspicious 15:25:29
25 of making boxes available to NADDI, prior to 15:23:14	25 order monitoring program at Mallinckrodt, 15:25:30
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1 the Alliance for Balanced Pain Management, 15:23:18	1 that did not deal directly with the issue of 15:25:32
2 were there any other initiatives at 15:23:21	2 disposal of unused opioids, did it? 15:25:33
3 Mallinckrodt of which you're aware to address 15:23:23	3 MR. O'CONNOR: I will object. 15:25:37
4 the need for disposal of unused opioids? 15:23:26	4 But you can answer as best you 15:25:39
5 A. Disposal? Well, we had the red 15:23:30	5 know. 15:25:41
6 flags video that we talked about. We've 15:23:35	6 THE WITNESS: No, not -- not to 15:25:41
7 always -- we had a significant -- and I -- 15:23:41	7 the extent to which we designed the 15:25:43
8 I'm not -- can't speak to -- I -- the 15:23:43	8 program to dispose of unused 15:25:45
9 suspicious order monitoring program. 15:23:45	9 medications in the patient's home. 15:25:47
10 We had -- we worked with law 15:23:50	10 QUESTIONS BY MR. GOTTO: 15:25:49
11 enforcement to dispose of it. We made 15:23:51	11 Q. Okay. And the red flags video 15:25:49
12 available the placebos and the GPS tracking 15:23:53	12 that you mentioned, did that deal with the 15:25:51
13 systems within bottles. 15:23:57	13 disposal of unused opioids? 15:25:54
14 We were also then addressing 15:23:59	14 A. To the disposal end, no. 15:25:55
15 through a variation of REMS, risk evaluation 15:24:03	15 Q. Okay. 15:25:56
16 mitigation strategy -- Mallinckrodt's 15:24:08	16 A. It was just part of the larger 15:25:56
17 developed and funded a program called 15:24:10	17 collection of what we were doing. 15:25:58
18 REMEDIES. REMEDIES was a program that was 15:24:15	18 Q. Sure, I understand. I'm just 15:25:59
19 offered to physicians in conjunction with 15:24:17	19 trying to focus on the disposal -- 15:26:01
20 their REMS training that was designed to 15:24:21	20 A. Disposal, uh-huh. 15:26:01
21 measure outcomes in physician behavior and 15:24:24	21 Q. -- issue for the moment. 15:26:04
22 whether they were -- either reduced or 15:24:27	22 And you also mentioned making 15:26:05
23 changed the way they prescribed opioids and 15:24:30	23 placebos available to law enforcement. 15:26:06
24 how they were educating patients regarding 15:24:32	24 That didn't deal directly with 15:26:08
25 safe disposal and did they start doing that. 15:24:36	25 disposal of unused opioids, correct? 15:26:10

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1	A. No. 15:26:12	1 broad area you described earlier was patient 15:28:37
2	Q. And the GPS tracking, did that 15:26:12	2 safety. 15:28:40
3	deal with disposal of unused opioids? 15:26:14	3 Again, apart from the 15:28:41
4	A. No. 15:26:19	4 initiatives we've already discussed, were 15:28:42
5	Q. Okay. All right. So focusing 15:26:19	5 there any other initiatives that you oversaw 15:28:43
6	simply on the disposal of unused opioids 15:26:20	6 or promoted in your advocacy role aimed at 15:28:46
7	issue prior to the Alliance, understand there 15:26:23	7 promoting patient safety? 15:28:49
8	was the program of making the boxes available 15:26:27	8 A. No. Nothing comes to mind. 15:28:50
9	to NADDI, were there any other initiatives or 15:26:30	9 Q. Okay. And I think you 15:28:53
10	programs at Mallinckrodt that you're aware 15:26:33	10 indicated you held the director of advocacy 15:28:56
11	of? 15:26:35	11 position until the end of 2016. 15:28:58
12	A. We had the CARES Alliance 15:26:35	12 Did you take a different 15:29:00
13	program, but I don't know -- I'd have to look 15:26:43	13 position at that point? 15:29:02
14	into it. I know there were several pieces in 15:26:46	14 A. Well, I still have the advocacy 15:29:03
15	there. I don't know if any of the pieces had 15:26:48	15 title. 15:29:05
16	to do specifically with disposal. I'd have 15:26:49	16 Q. Okay. 15:29:05
17	to refresh my memory on that. 15:26:52	17 A. But was added, then, government 15:29:05
18	Q. Okay. So going back now, a few 15:26:59	18 affairs. 15:29:09
19	minutes ago you had described sort of three 15:27:01	19 Q. Okay. And government affairs, 15:29:10
20	broad areas of initiative in your advocacy 15:27:04	20 what does that mean generally? 15:29:11
21	role: the reduction of use of opioids, the 15:27:09	21 A. Government affairs broadened 15:29:12
22	community safety and patient safety. 15:27:12	22 the responsibility to include engagement at a 15:29:16
23	And we've talked about a few 15:27:16	23 federal and state level with legislators, 15:29:18
24	things now. We've talked about MMA. We've 15:27:17	24 policymakers. 15:29:22
25	talked about the Alliance. We've talked 15:27:19	25 Q. Okay. And so prior to 2017, 15:29:23
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1	about providing placebos to law enforcement. 15:27:22	1 did you not have responsibility in those 15:29:27
2	We've talked about the suspicious order 15:27:26	2 areas? 15:29:28
3	monitoring program. 15:27:30	3 A. No. I engaged in it, but I did 15:29:29
4	In terms of promotion of 15:27:31	4 not have responsibility for it. I was party 15:29:31
5	community safety, are there other initiatives 15:27:32	5 to it. 15:29:35
6	that you oversaw or promoted as part of your 15:27:37	6 Q. Okay. And so who had 15:29:35
7	advocacy role? 15:27:39	7 responsibility for it during the period you 15:29:37
8	A. We would then actually get -- 15:27:40	8 engaged in it but didn't have responsibility 15:29:38
9	conduct community events, and so we would do 15:27:43	9 for it? 15:29:40
10	programs that we would partner with a 15:27:50	10 A. That would have been my boss, 15:29:40
11	third-party group, Summit County, Lee County, 15:27:53	11 Derek Naten. 15:29:44
12	Summit County Health Department, local YMCAs. 15:27:57	12 MR. GOTTO: Okay. Okay. I 15:29:45
13	We would partner with Knights of Columbus. 15:28:01	13 think that's probably a good place to 15:29:47
14	So groups that we felt would take -- could 15:28:04	14 stop for today. Let's go off the 15:29:48
15	take charge, we would donate the pouches to 15:28:06	15 record. 15:29:50
16	them, and then they could then host a 15:28:11	16 VIDEOGRAPHER: We are going off 15:29:50
17	community event to create awareness regarding 15:28:12	17 the record at 3:29 p.m. 15:29:51
18	the importance of safe disposal. 15:28:15	18 (Off the record at 3:29 p.m.) 15:29:54
19	Q. Okay. Were there other aspects 15:28:18	19 -----
20	of these type of community events apart -- 15:28:21	20
21	from Mallinckrodt's perspective, apart from 15:28:25	21
22	providing the disposal pouches and 15:28:27	22
23	information about the importance of disposal? 15:28:29	23
24	A. No. 15:28:31	24
25	Q. Okay. And I think the third 15:28:32	25



